

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

26184

Registration District No.

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town University City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
7616 Carleton Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community _____ years, months or days

3. (a) PRINT FULL NAME Frank Lee Scott

3. (b) If veteran, name war _____ 3. (c) Social Security, No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mae Scott 6. (c) Age of husband or wife if alive 65 years
7. Birth date of deceased Jan 31 1865 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
76 6 0 hr. min.

9. Birthplace Ohio (City, town, or county) (State or foreign country)

10. Usual occupation Meat Buyer

11. Industry or business

12. Name Unknown
13. Birthplace Unknown (City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Mae Scott
(b) Address 7616 Carleton U. City, Mo.

17. (a) Burial (b) Date thereof 8-2-41 (Month) (Day) (Year)
(c) Place: burial or cremation Valhalla

18. (a) Signature of funeral director John H. Dapp, Inc.
(b) Address Kirkwood, Mo.

19. (a) AUG 14 1941 (Date received local registrar) (b) [Signature] (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St. Louis
(c) City or town University City (If outside city or town limits, write "RURAL")
(d) Street No. 7616 Carleton (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 31 year 1941 hour _____ minute 4:30 P. M.

21. I hereby certify that I attended the deceased from 5/21/41 to 7/31/41 that I last saw him alive on 7/31/41 and that death occurred on the date and hour stated above.

Immediate cause of death Ac. Arteriosclerosis
Due to Ch. nephritis
Ch. myocarditis
Due to Arteriosclerosis
Other conditions (include pregnancy within 3 months of death)

Major findings: Of operations 1316
Of autopsy _____

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? (City or town) (County) (State) _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? (Specify type of place) (e) Means of injury _____
23. Signature W. F. Neuman (M. D. or other) MD
Address 3115 A. Grand Date signed 8/1/41

(Licensed Emballer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

Jas. H. Bagg
who was a person
and was a person
and was a person
and was a person

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

Thomas H. Bagg

Registered Apprentice No.....

working under my personal supervision.

Signed.....

Thomas H. Bagg

Licensed Embalmer No.....

921

P. O. Address.....

Kirkwood

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.